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	VOCATION OF POWER OF ATTORNEY WITH W POWER OF ATTORNEY AND	Application Number			10/043,454-Conf. #8257	
RE		Filing Date		January 11, 2002		
		First Named Inventor		Dennis M. Smid		
		Art Unit		3635		
CHANGE OF CORRESPONDENCE ADDRESS		Examin	Examiner Name		R. Canfield	
		Attorney Docket Number		DSMID 3.0-001 RE		
I hereby rev	roke all previous powers of attorney ç	given in 1	he abo	ve-identific	ed app	lication.
OR	wer of Attorney is submitted herewith.					
X 1 her	eby appoint the practitioners associate	ed with t	ne Cus	tomer Num	ber:	000530
OR Firm or	The address associated with Customer Number:					
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I am the	9:					
X Appl	icant/Inventor.					
Assign Assign	gnee of record of the entire interest. Sement under 37 CFR 3.73(b) is enclos	See 37 C	FR 3.7 m PTC	1. 2/SB/96)		
	SIGNATURE of A	Applican	t or As	signee of	Reco	d
Signature	as M.U					
Name	Dennis M. Smid					
Date	P-14-07			Telephon	е	908-518-1714

		I .
I hereby certify that this correspondence is being do an envelope addressed to: Commissioner for Pate	eposited with the U.S. Postal Service with sul nts, P.O. Box 1450, Alexandria, VA 22313-1	fficient postage as First Class Mail, in 450, on the date shown below.
Dated:	Signature:	(Dennis M. Smid)

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

forms are submitted.

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**DSMID 3.0-001 RE** 

	Application Number	10/043,454-Conf. #8257
REVOCATION OF POWER OF	Filing Date	January 11, 2002
ATTORNEY WITH NEW POWER OF ATTORNEY	First Named Inventor	Dennis M. Smid
AND	Art Unit	3635
CHANGE OF CORRESPONDENCE ADDRESS	Examiner Name	R. Canfield

I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR X I hereby appoint the practitioners associated with the Customer Number: 000530 Please change the correspondence address for the above-identified application to: The address associated with Customer Number: OR Firm or Individual Name Address City Country State Zip Telephone Fmail I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Richard Palmesino Telephone Date 8-14-07 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below х 2 \*Total of forms are submitted.

Attorney Docket Number